

**New York
110(d)(20)**

**Attachment 4.19-D
(01/12)**

- m) The non-comparable component of the price for facilities for which 2007 cost report data is unavailable or insufficient to calculate the non-comparable component as described above shall initially receive a non-comparable rate which is calculated using the most recently available certified cost report which is most proximate to 2007 and the total patient days which relate to such report and if no such report is available, the regional average non comparable price shall be utilized until such time as a certified cost report is available.
- n) Per Diem Adjustments for Dementia, Bariatric, or Traumatic Brain-Injured Patients. If applicable, and as updated pursuant to the case mix adjustments described above, the operating component of the price shall be adjusted to reflect:
- 1) A per diem add-on in the amount of \$8 for each dementia patient, defined as one who A) qualifies under both the RUG-III impaired cognition and the behavioral problems categories, or (B) has been diagnosed with Alzheimer's disease or dementia, is classified in the reduced physical functions A, B, or C or in behavioral problems A or B categories, and has an activities of daily living index score of ten or less.
 - 2) A per diem add-on in the amount of \$17 for each bariatric patient, defined as one whose body mass index is greater than thirty-five.
 - 3) A per diem add-on in the amount of \$36 for each traumatic brain-injured patient, defined as one requiring extended care as a result of that injury.
- o) [Reserved.] Effective for services provided on and after June 20, 2012, rates of payment for residential health care facilities which have received approval by the Commissioner of Health to provide services to more than 25 patients whose medical condition is HIV Infection Symptomatic, and the facility is not eligible for separate and distinct payment rates for AIDS facilities or discrete AIDS units, will receive a per diem adjustment. The adjustment is equal to the difference between (1) such facility's allowable operating cost, as described previously in this section, for 2010 extracted by the Commissioner on January 10, 2012 divided by 2010 total resident days, and (2) the daily weighted average non-capital component of the rate, calculated using 2010 Medicaid days, in effect on and after January 1, 2012, and as subsequently updated by case mix adjustments made in July and January of each calendar year as described previously in this section. Such per diem adjustment shall not result in a total operating rate that exceeds allowable total operating costs per day.

TN #12-23

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